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7590   07/16/2004

FISH & RICHARDSON P.C.
225 FRANKLIN STREET
BOSTON, MA 02110-2804

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Melissa Kruggel	(Depositor's name)
signature	(Signature)
October 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/509,306	03/23/2000	Ian Reginald Reid	11752-002001	7673

TITLE OF INVENTION: **THERAPEUTIC METHOD**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	$1370		$1400	10/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LIU, SAMUEL W	1653	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). [ ] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. [ ] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1. **Fish & Richardson P.C.** 2. 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE   (B) RESIDENCE (CITY and STATE OR COUNTRY)

Auckland UniServices Limited   **Auckland**

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government

4a. The following fee(s) are enclosed: [X] Issue Fee [ ] Publication Fee [X] Advance Order - # of Copies _____10_____	4b. Payment of Fee(s): [X] A check in the amount of the fee(s) is enclosed. [ ] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

Director of Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

signature Rocky Tsao   10-15-04
34,053   (Date)

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10/19/2004 FMETEKI2 00000082 09509306
01 FC:1501   1370.00 OP
02 FC:8001   30.00 OP

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SUBSTITUTE PTOL-85 (Rev. 10/03) Approved for use through 04/30/2004.   OMB 0651-0033   U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	: Ian Reginald Reid et al.	Art Unit	:	1653
Serial No.	: 09/509,306	Examiner	:	S. Liu
Filed	: March 23, 2000	Confirmation No.:		7673
		Notice of Allowance Date: July 16, 2004		
Title	: THERAPEUTIC METHOD			

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RESPONSE TO NOTICE OF ALLOWANCE

In response to the Notice of Allowance mailed July 16, 2004, enclosed are a completed issue fee transmittal form PTOL-85b and a check for $1400 for the required fee, including patent copies.

Please apply any additional charges or credits to our Deposit Account No. 06-1050, with reference to Attorney Docket Number 11752-002001.

Respectfully submitted,

Date: 10-15-04

Y. Rocky Tsao
Reg. No. 34,053

Fish & Richardson P.C.
225 Franklin Street
Boston, MA 02110-2804
Telephone: (617) 542-5070
Facsimile: (617) 542-8906

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